

Iowa Board of Nursing
RiverPoint Business Park
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

REACTIVATION CONTINUING EDUCATION REPORT FORM

The continuing education requirement for the reactivation of a license from an inactive status is **12 contact hours or 1.2 CEU's (Continuing Education Units)**. These hours **MUST** have been completed within the **12 (twelve) months prior** to submitting the reactivation application.

Complete this form and submit with the completed reactivation application (if not submitted Online), fee (if not Paid Online), fingerprint cards and signed waiver form.

Please **check** which of the following documents are being submitted with this form to complete the continuing education requirement for reactivation:

- ☐ Photocopies of continuing education certificates issued by Iowa Board of Nursing approved providers.
- ☐ Photocopies of special approval letters for attendance at courses held outside of Iowa by non-approved providers AND the copies of continuing education certificates for this credit.
- ☐ Photocopies of certificates of attendance for offerings attended outside of Iowa that were approved by other State Boards of Nursing with mandatory continuing education requirements, or were offered by the American Nurse's Association (ANCC), National League of Nursing, National Federation of Licensed Practical Nurses, National Association for Practical Nurse Education and Service, Inc.
- ☐ Photocopy of a transcript(s) indicating successful completion of academic course(s). **(Grade Reports and Internet-generated transcripts are NOT acceptable)**
- ☐ Photocopy of letter granting a waiver for disability or illness.
- ☐ Photocopy of an active license in another mandatory continuing education state. If you have resided in Iowa for less than 12 months and have an active license from another mandatory continuing education state—this license can be used to meet the continuing education requirement for reactivation in Iowa. (Evidence of address change date may be requested.) If you have resided in Iowa for more than 12 months, this option is not applicable.
- ☐ Evidence of active military duty.

- ☐ Evidence of employment by the federal government, as a nurse, and assigned to duty outside the United States.
- ☐ Evidence of Foreign Service, as a nurse, outside of the United States where a current license was required.
- ☐ Photocopy of current certification in a specialty area of nursing practice for the advanced registered nurse practitioner as defined in rule 7.1 (152).

Name _____
Please Print

Address _____

City, State, ZIP _____

Iowa License Number: _____ Birth Date: _____

Signature: _____ Date: _____

This information is collected pursuant to Iowa Administrative Code 655—5.2, and may be disclosed pursuant to Iowa Administrative Code 655—Chapter 11.